

#3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VIVO MULTIPHOTON DIAGNOSTIC DETECTION AND IMAGING OF A NEURODEGENERATIVE DISEASE

Specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as U.S. Patent Application Serial No. 10/001,643 on October 31, 2001 and was amended on _____ (if applicable).
- ☐ was filed as PCT International Application No. _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/245,306	2-NOV-2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check One)			
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY (Continue)ATTORNEY'S DOCKET NUMBER
19603/3541 (CRF D-2694A)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Ann R. Pokalsky, Registration No. 34,697; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758

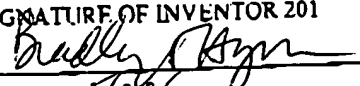
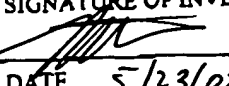
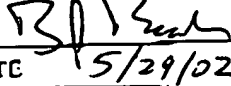
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NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603

Direct Telephone Calls to:
(name and telephone number)
Michael L. Goldman
(716) 263-1304

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Hyman	FIRST GIVEN NAME Bradley	SECOND GIVEN NAME T.
	RESIDENCE & CITIZENSHIP	CITY Charlestown	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 114 16 th Street, (CAGN 2009)	CITY Charlestown	STATE & ZIP CODE/CTRY Massachusetts 02129/USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Christie	FIRST GIVEN NAME Richard	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 221 E. 33 rd Street (Apt. 2C)	CITY New York	STATE & ZIP CODE/CTRY New York 10016/USA
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Bacskai	FIRST GIVEN NAME Brian	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Charlestown	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 114 16 th Street (CAGN 2750)	CITY Charlestown	STATE & ZIP CODE/CTRY Massachusetts 02129/USA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Webb	FIRST GIVEN NAME Walt	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 9 Parkway Place	CITY Ithaca	STATE & ZIP CODE/CTRY New York 14850/USA
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Zipfel	FIRST GIVEN NAME Warren	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 535 Enfield Center Road	CITY Ithaca	STATE & ZIP CODE/CTRY New York 14850/USA
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE 5/29/02	DATE 5/23/02	DATE 5/29/02
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

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COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

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the specification of which (check only one item below):

☐ is attached hereto.

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PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

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(name and telephone number)
Michael L. Goldman
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201	FULL NAME OF INVENTOR	FAMILY NAME Hyman	FIRST GIVEN NAME Bradley	SECOND GIVEN NAME T.
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	POST OFFICE ADDRESS	P.O. ADDRESS 28 Castleton Street #2	CITY Boston	STATE & ZIP CODE/CTRY Massachusetts 02130/USA
203	FULL NAME OF INVENTOR	FAMILY NAME Bacskai	FIRST GIVEN NAME Brian	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Charlestown	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 149 13th Street	CITY Charlestown	STATE & ZIP CODE/CTRY Massachusetts 02129/USA
204	FULL NAME OF INVENTOR	FAMILY NAME Webb	FIRST GIVEN NAME Watt	SECOND GIVEN NAME W.
	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP Unites States
	POST OFFICE ADDRESS	P.O. ADDRESS 9 Parkway Place	CITY Ithaca	STATE & ZIP CODE/CTRY New York 14850/USA
205	FULL NAME OF INVENTOR	FAMILY NAME Zipfel	FIRST GIVEN NAME Warren	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY Ithaca	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 535 Enfield Center Road	CITY Ithaca	STATE & ZIP CODE/CTRY New York 14850/USA
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY

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DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 2/6/02	DATE 2/6/02	DATE

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